

PRE-ENROLLMENT PERIOD = (6 months prior to Enrollment Date)							
UPDATE PERIOD = [7/1/02 - 12/31/02 (or Disenrollment Date)]							
Demographic Information							
County	SSN	Medi-Cal #	Gender	Race/Ethnicity 1	Race/Ethnicity 2	Primary Language	
CSI Client #	Birth Date					Current Primary Diagnosis	
Enrollment Date	Disenrollment Date					Current Secondary Diagnosis	
Eligibility Criteria (please check Yes, No, or Unknown)							
History of		At Risk of					
Psychiatric Hospitalization		<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
Out of Home Placement		<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
Detained in Juvenile Detention Facility		<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
Poor School Attendance		<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
Arrest and School History (Select number of Citations, Yes- quantity unavailable, or Unknown)							
# Misdemeanor	Pre-Enrollment Period	Update Period					
	0 1 2 3 4 5+	0 1 2 3 4 5+					
	<input type="checkbox"/> Yes (quantity unavailable)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes (quantity unavailable) <input type="checkbox"/> Unknown				
# Felony	0 1 2 3 4 5+	0 1 2 3 4 5+					
	<input type="checkbox"/> Yes (quantity unavailable)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes (quantity unavailable) <input type="checkbox"/> Unknown				
# Status Offense	0 1 2 3 4 5+	0 1 2 3 4 5+					
	<input type="checkbox"/> Yes (quantity unavailable)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes (quantity unavailable) <input type="checkbox"/> Unknown				
Attends School (Scale of 0-4) 0=Never; 4= Always	0 1 2 3 4	0 1 2 3 4					

(see Appendix A)

Participation in Other Agencies (please check Yes, No, or Unknown)

	Pre-Enrollment Period	Update Period
Probation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Special Ed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Child Welfare Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Youth Living Arrangements		
<i>Number of Days in:</i>	Pre-Enrollment Period	Update Period
Home		
Kinship		
Foster Home		
Foster Family Agency		
Shelter		
Group Home Level 1-11		
Group Home Level 12-14		
Juvenile Hall		
Camp/Ranch		
CYA		
Homeless		
Other		
Mental Health Services		
	Pre-Enrollment Period	Update Period
	Medi-Cal	Non Medi-Cal
	Medi-Cal	Non Medi-Cal

IEBP/CSOC DATA COLLECTION FORM
**** PLEASE COMPLETE ALL FIELDS****